

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026428

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 90

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON1. PLACE OF DEATH
a. COUNTY Clayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LibertyLength of stay in 1b
1 weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 538 E. MillInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Liberty

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
206 MorseReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Flora Etna Slaybaugh4. DATE OF DEATH
Month Day Year
July 8, 19625. SEX
female6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9-2-18959. AGE (last birthday)
66IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Iowa12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
John Spangler13b. MOTHER'S MAIDEN NAME
unknown14. NAME OF HUSBAND OR WIFE
D. L. Slaybaugh15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
D. L. Slaybaugh Liberty, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) respiratory failure

INTERVAL BETWEEN ONSET AND DEATH
terminal

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) central nervous system shock

1 day

DUE TO (c) cerebrovascular hemorrhage

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

previous cerebrovascular damage with hemiplegia, arteriosclerosis, nephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to 7-8-62 and last saw her alive on 7-8-62
Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. R. Morrison, D.O.

22b. ADDRESS

10 W. Kansas, Liberty, Missouri

22c. DATE SIGNED

7-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial23b. DATE
7-10-6223c. NAME OF CEMETERY OR CREMATORY
Fairview Cemetery23d. LOCATION (City, town, or county)
Liberty, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pasley Funeral Home Liberty, Mo.

25. DATE RECD. BY LOCAL REG.

7-13-62

26. REGISTRAR'S SIGNATURE

Gabel Graham

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Parley

Licensed Embalmer No. 4308

P. O. Address

Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.